

POSITION	ID NO.	DATE
CLASSIFIER	5	9-24-94
EXAMINER		
TYPIST	339	1-20-95
VERIFIER	8F 350	1-24-95
CORPS CORR.		
SPEC. HAND		
FILE MAINT.	443	12/5/94
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
1	4/12/08 D5
2	7/24/14
3	9/28/99
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SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through number) ..... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
13	D5
14	7/14/99
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